FEC FORM 9





	LECTIONEERING COMMUNICATI		IIIONS FO	2009 FEB 19	1 10
1.	Person Making the Disbursements/Obligation	tions			38
	(a) Name AMERICAN RIGHTS AT WORK				
	(b) Address (number and street) check if different than previously reported 1100 17th Street, NW Swite 950 (c) City, State and ZIP Code			2. FEC idea	ntification Number
	(c) City, State and ZIP Code Washington, DC 20036 (d) Name of Employer or Principal Place of Business				
	(d) Name of Employer or Principal Place of Business (e) Occupation				
•	New	formula in the second s			2008
3.	is This Statement or Amended	4. Covering	Period	through	2008
5.	(a) Date of Public Distribution(s)	2008	(b) Communic	ation Title <u>See</u>	Saw NH
6. '	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify:				
7.	No Custodian of Records (a) Name (b) Address (number and street) 1100 17th Street, NW Swite 950				
8.					
	(c) City, State and ZIP Code Washington, DC 2				
	(d) Name of Employer or Principal Place of Business American Rights a	t Work		inance off	icer
9.	Total Donations This Statement		Tomas American San		00
10.	Total Disbursements/Obligations This Sta	tement	The state of the s	85,300	0 0 b-chaine
Under penalty of perjury, I certify that this statement is true, correct and complete. TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kimberly A. Freeman SIGNATURE DATE 02-10-2009					
					7
	SIGNATURE SIMPLERLY H	umm	_ DATE	02-10	-2009
	NOTE; Submission of Talse, emorpous or incomplete in	nformation may subject the p	erson signing this s	tatement to the penalties of	2 U.S.C. §437g.